Kentucky Behavioral Telehealth Network (KBTN) HCP 17229

Thursday, July 28, 2011
FCC Docket Number 02-60
Kentucky River Community Care, Inc.
Quarterly Data Report Requirements

APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations.

David Mathews, Ph.D. (retiring July 31, 2011) Project Coordinator, KBTN Kentucky River Community Care, Inc. 178 Community Way PO Box 794 Jackson, KY 41339 Phone: 606-666-9006

Fax: 606-666-5840 wdmathews@aol.com

Ernie Howard (new Project Coordinator August 1, 2011) Kentucky River Community Care, Inc. 178 Community Way PO Box 794 Jackson, KY 41339

Phone: 606-666-9006 Fax: 606-666-5840

Ernie.howard@ccdminc.org

Larry Potter, Project Assistant Coordinator Kentucky River Community Care, Inc. 115 Rockwood Lane Hazard, KY 41701 Phono: 606, 436, 5761

Phone: 606-436-5761 Fax: 606-436-5797

larry.potter@krccnet.com

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b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

Ernestine Howard Kentucky River Community Care, Inc. 178 Community Way PO Box 794 Jackson, KY 41339 Phone: 606-666-9006 Fax: 606-666-5840

Ernie.howard@ccdminc.org

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

Kentucky River Community Care, Inc. 178 Community Way PO Box 794 Jackson, KY 41339 Phone: 606-666-9006

Phone: 606-666-9006 Fax: 606-666-5840

d. Explain how project is being coordinated throughout the state or region.

Kentucky River Community Care, Inc., the lead agency in the Kentucky Behavioral Telehealth Network (KBTN) has designated the above named staff to coordinate the KBTN with Ernie Howard as the new Project Coordinator taking over for David Mathews, Ph.D. . The Kentucky agencies that are a part of the KBTN receive email updates and occasionally hold group meetings to discuss changes or news in the KBTN. During the past quarter the communications have been through emails and face to face requests for specific information regarding sites and addresses. Most communications occur through emails to the designated participants within Kentucky.

During the past three years the project team made several presentations to health care agencies, state officials, university and hospital officials, community mental health center staff and Kentucky government. We have tried to inform all the possible stakeholders so they know that the requests for additional documentation such as the letters of agency or affidavits about services at a site are needed as well as the benefits of the Kentucky Behavioral Telehealth Network. During this past years several presentations were made to the Cabinet Secretary for the Kentucky Cabinet for Family and Health Services as well as the Commissioners for the Department of Behavioral Health and Intellectual Disabilities.

In the days to come we hope to receive our first Funding Commitment Letter for the Network. We have had several conference calls with USAC staff including Don Lewis, Michelle Picou, Camelia Rogers, Craig Johnson and others who instructed us that because we are a mental health agency we have to submit special additional information about each possible site that might possibly be connected. This has caused an additional administrative burden on all of the KBTN partners and the KRCC coordinating group. We continue to contact network participants and arrange for additional documentation since each submission results in further requests for additional documentation. Since we have to coordinate our activities through the Universal Services Administrative Corporation Rural Health Care Pilot Project team we continue to request additional documentation from possible participants.

The Network Design Study RFP sent to the USAC staff was previously approved contingent upon modifications to the timeline. Subsequently we were directed by the USAC staff that there is no longer time to do a network design study so we must combine our requests into a single contract. The telecommunications providers are likely to benefit from this change since we will not have independently derived specifications to compare our network design needs against. Continually adding additional previously unannounced grant requirements and changing sites and specifications after the fact makes for confusion and frustration.

During the past quarter we have received numerous additional requests for information, corrections and revisions to the 465 attachments submitted to USAC. We have been instructed to not upload anything to the SharePoint site without prior approval from USAC staff.

Rejected submissions to the 465 Attachment from USAC staff concentrate on several areas.

1) Eligibility of KBTN sites as a Community Mental Health Center.

The Kentucky Inspector General has provided written documentation that the sites listed in the KBTN are licensed community mental health centers, but USAC staff continues to reject that evidence. The Order issued by the FCC refers to eligible providers. It identifies a CMHC as an eligible provider. The Order does not focus on excluding sites, but providers. The Kentucky OIG has clearly identified that a licensed CMHC in Kentucky has many locations under the Agency license.

2) Type of Services provided at KBTN sites.

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USAC staff has examined third party websites and Community Mental Health Center questionnaires which they distributed to gather information about services provided at community mental health centers. These questionnaires were distributed without clear instructions or service definitions by USAC. The respondents at each KBTN agency answered the questions according to the Kentucky Administrative Code definitions and their own professional training. In the behavioral health lexicon, vocational, psychosocial rehabilitation and residential services are specific types of care that are usually a part of the community mental health center array at a clinic. It does not mean that the person is receiving nursing home care, hospice care, or other long term care identified as ineligible services in the FCC order. Since USAC staff is not behavioral health professionals they may confuse these terms when they are legitimate services provided by CMHC's.

Our goal is to increase access to traditional primary and specialty medical model health services for the people we serve, not to replace the psychosocial rehabilitation model prevalent within most community mental health centers with just a medical model. Persons with mental illness benefit from psychosocial rehabilitation and integrated dual diagnosis treatment as well as traditional medical primary and specialty care. When access to medical care is made difficult for a particular type of psychosocial rehabilitation clinic because of distance, lack of providers or misguided bureaucracy, people's recovery and rehabilitation suffers.

3) Residential Treatment Services as eligible services

Some sites have been challenged because they offer residential treatment; a type of service a person may need who is seriously ill requiring 24 hour care. This is not a nursing home service or other long term care specifically excluded service under the FCC order. An outpatient clinic may have a variety of treatments under one roof, just as a hospital also has inpatient, outpatient care and same day surgery under the same roof.

2. Identify all health care facilities included in the network.

a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.

- b. For each participating institution, indicate whether it is:
 - i. Public or non-public;
 - ii. Not-for-profit or for-profit;
 - iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

Following is a partial listing of the health care facilities and community mental health centers for the KBTN network. More thorough and exhaustive lists have been submitted separately as the 465 and 466 attachments. The 465 and 466 attachments are spreadsheets with detailed information which we have concentrated on getting correct. A final and hopefully acceptable list has been submitted again this quarter.

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Facility Name	Address/Zip Code	County	RUCA	Census Tract	Phone Number	Public or Non Public	Profit status	Eligible or ineligible provider
Kentucky River Community Care Inc	PO Box 794 Jackson KY 41339	Breathitt	10	980300	606-666- 9006	non-public	not for profit	Eligible, Kentucky licensed community mental health agency
Kentucky Association of Regional Programs	230 Lexington Green Circle Lexington KY 40503	Fayette	1	004204	859-272- 6700	non public	not for profit	Ineligible, regional association, not licensed
Appalachian Regional Healthcare	102 Medical Center Drive Hazard KY 41701	Perry	7	970500	606-439- 6713	non public	not for profit	Eligible, JCAHO accredited hospital
Eastern State Hospital	627 West Fourth St. Lexington KY 40508	Fayette	1	001200	859-246- 7000	public	not for profit	Deemed ineligible by USAC, state psychiatric hospital
Western State Hospital	PO Box 2200 Hopkinsville KY 42241-2200	Christian	4	002003	270-889- 6025	public	not for profit	Eligible, state psychiatric hospital
Central State Hospital	10510 LaGrange Rd Louisville KY 40223-1228	Jefferson	1	010404	502-253- 7060	public	not for profit	Eligible, state psychiatric hospital
Kentucky Correctional Psychiatric Center	PO Box 67, 1612 Dawkins Road, LaGrange, KY 40031	Oldham	7	0030200	502-222- 7161	public	Not for profit	Eligible, state forensic psychiatric hospital
Cumberland River Mental Health	PO Box 568 Corbin KY 40702	Whitley	7	971000	606-528- 7010	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Four Rivers Behavior Health	425 Broadway Suite 201 Paducah KY 42001	McCracken	4	030300	270-442- 1452	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Pennyroyal	PO Box 614	Christian	4	200200	270-886-	non public	not for	Eligible, Kentucky

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Regional Center	Hopkinsville KY 42241-0614				2205		profit	licensed community mental health agency
River Valley Behavior Health	PO Box 1637 Owensboro KY 42302-1637	Daviess	1	000500	270-689- 6500	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Lifeskills, Inc	PO Box 6499 Bowling Green KY 42102-6499	Warren	4	010100	270-901- 5000	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Communicare, Inc.	107 Cranes Roost Ct. Elizabethtown KY 42701	Hardin	4	001200	270-765- 2605	non public	not for profit	Ineligible, because of separate grant but a Kentucky licensed community mental health agency
Northkey	PO Box 2680 Covington KY 41011	Kenton	1	065200	859-578- 3252	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Comprehend, Inc.	611 Forest Avenue Maysville KY 41056	Mason	7	960200	606-564- 4016	non public	not for profit	Ineligible, no additional documentation letter Kentucky licensed community mental health agency
Pathways, Inc.	PO Box 790 Ashland KY 41101	Boyd	1	030300	606-329- 8588	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Mountain Comprehensive Community Care	150 South Front Avenue Prestonsburg KY 41653	Floyd	10	980200	606-886- 8572	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Adanta	259 Parkers Mill Road Somerset KY 42501	Pulaski	4	990800	606-679- 4782	non public	not for profit	Ineligible, no additional documentation letter Kentucky licensed community mental health agency

- 3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:
- a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;

With the completion of the competitive bidding process during the past quarter the KBTN selected Windstream Communications, Inc. as the vendor. Windstream operates the Kentucky Public Education Network (KPEN) which is an MPLS network.

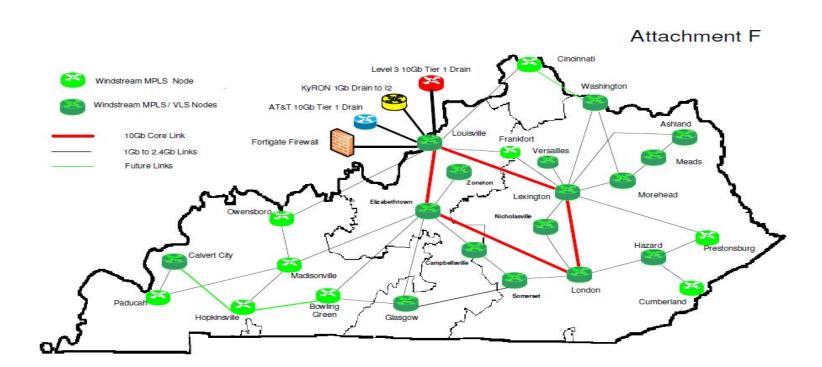
The Windstream approach in deploying MPLS networks is to do one site at a time, starting with the Host site. If required, the disaster recovery site would be next. These two sites need to be completely installed and tested before installing the remaining locations. Windstream requires a Site Survey form before initiating orders. Information will include the Site Name (critical for future reference regarding possible repair issues), customer contact, and telephone number. Other critical information requires IP addressing for each site, customer must provide their sub-nets to be routed on the network and gateway addresses for the CE and PE Routers. If desired, Windstream can assign the gateway IP addressing scheme. Once each office has been established on the MPLS network, Windstream will do a test and turn-up for that site with our DSTAC group. Only after DSTAC has accepted the order will the Project Coordinator establish a conference bridge that will involve someone with KRCC or the local site coordinator and our DSTAC, at this point the office will be "live" and the order passed once it has been accepted by the designated representative.

The KPEN network is supported by a 10Gig Core with diversity and redundancy. The 10-Gig core nodes are located in Lexington, Louisville, London, and Elizabethtown. A network drawing is attached. The Windstream MPLS network provides security thru cloud-based FortiGate Firewall systems. Reliability on the network is provisioned over diverse fiber facilities and hardware redundancy. KBTN will be provided access to CROS (Cisco Remote Operations Service). This web portal provides KBTN

the following: Network Availability, Ticket Management, Network Performance, Requests for Change, Configuration Management Database, Company and Account Information. Windstream is already a major provider of MPLS services on the KIH2 contract serving appx 520 state agency offices as a subcontractor to AT&T. Video services from CVC already traverses the Windstream MPLS network.

b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;

Access to the internet on KPEN is done via the Host MPLS Circuit. The attached network drawing identifies how this is done using VLANs from the Windstream provided Ethernet switch. Windstream's proposed network configuration includes internet access via the Host site in Jackson plus the disaster recovery site in Hazard. Windstream is a Tier 2 provider of Internet services with separate and diverse 10Gig internet feeds going to AT&T and Level 3.



The network feeds are configured based on load-balancing and also fail-over in case one of the internet feeds fails.

c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;

Windstream is opening up KPEN services for KBTN. As part of the contract with KPEN, the network is constantly monitored; any link that exceeds 50% utilization must be upgraded in order to accommodate total diversity for all traffic to fail-over. The KPEN network is also linked to another higher education network referred to KRON (Kentucky Regional Optical Network). This high speed fiber based DWDM platform provides direct 10Gig connectivity to selected universities. Windstream is the provider of KRON. It is the KRON network that provides the highway to allow access to Internet 2 (I2). For access to I2 services KRCC must secure approval from the Council for Postsecondary Education (CPE). Windstream can provide both administrative and technical assistance to KRCC in meetings with CPE officials to discuss I2 access.

d. Number of miles of fiber construction, and whether the fiber is buried or aerial;

Windstream has evaluated each site by researching that location using Google and CARRIE, an industry standard telecommunications web portal to identify sites and the local carriers via the serving NPA/NXX for that site. Windstream can provide services to all sites listed on the 465 attachment. The installation of buried or aerial fiber is the responsibility of the local carrier and the pricing for this is included in the installation charges. Unless the connection is 10 Mb or larger fiber is not required.

e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

KBTN will be provided access to CROS (Cisco Remote Operations Service). This web portal provides KBTN the following: Network Availability, Ticket Management, Network Performance, Requests for Change, Configuration Management Database, Company and Account Information.

- 4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.
- a. Health care provider site;
- b. Eligible provider (Yes/No);
- c. Type of network connection (e.g., fiber, copper, wireless);
- d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
- e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
- f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);

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- g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.
- h. Provide a logical diagram or map of the network.

Please see the following:

Facility Name	Connected? Yes/No	Type of Network (i.e. fiber, copper, wireless	How connection provided (i.e. carrier, self- constructed, leased)	Service Speed	Gateway to NLR, Internet2, Public Internet? Yes/No	Site Equipment	Logical Diagram or Map of Network
Kentucky River							
Community Care Inc	No	N/A	N/A	N/A	N/A	N/A	N/A
Appalachian Regional Healthcare	No	N/A	N/A	N/A	N/A	N/A	N/A
Eastern State Hospital	No	N/A	N/A	N/A	N/A	N/A	N/A
Western State Hospital	No	N/A	N/A	N/A	N/A	N/A	N/A
Central State Hospital	No	N/A	N/A	N/A	N/A	N/A	N/A
Cumberland River Mental Health	No	N/A	N/A	N/A	N/A	N/A	N/A
Four Rivers Behavior Health	No	N/A	N/A	N/A	N/A	N/A	N/A
Pennyroyal Regional Center	No	N/A	N/A	N/A	N/A	N/A	N/A
River Valley Behavior Health	No	N/A	N/A	N/A	N/A	N/A	N/A
Lifeskills, Inc	No	N/A	N/A	N/A	N/A	N/A	N/A
Communicare, Inc.	No	N/A	N/A	N/A	N/A	N/A	N/A
Northkey	No	N/A	N/A	N/A	N/A	N/A	N/A

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Comprehend, Inc.	No	N/A	N/A	N/A	N/A	N/A	N/A
Pathways, Inc.	No	N/A	N/A	N/A	N/A	N/A	N/A
Mountain							
Comprehensive							
Community Care	No	N/A	N/A	N/A	N/A	N/A	N/A
Adanta	No	N/A	N/A	N/A	N/A	N/A	N/A

5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

a. Network Design; b. Network Equipment, including engineering and installation; c. Infrastructure Deployment/Outside Plant; i. Engineering; ii. Construction; d. Internet2, NLR, or Public Internet Connection e. Leased Facilities or Tariffed Services; f. Network Management, Maintenance, and Operation Costs (not captured elsewhere); g. Other Non-Recurring and Recurring Costs

KPEN Pricing List



	Monthly Network	Monthly Local		
Bandwidth	Port	Loop	Monthly TOTAL	Installation
1.5Mbps	\$474.00	\$400.00	\$874.00	\$500.00
3Mbps	\$948.00	\$800.00	\$1,748.00	\$1,000.00
4.5Mbps	\$1,422.00	\$1,200.00	\$2,622.00	\$1,500.00
6Mbps	\$1,896.00	\$1,600.00	\$3,496.00	\$2,000.00
10Mbps	\$944.00	\$2,600.00	\$3,544.00	\$500.00
25Mbps	\$1,144.00	\$2,600.00	\$3,744.00	\$500.00
45Mbps	\$1,344.00	\$2,600.00	\$3,944.00	\$500.00
65Mbps	\$1,544.00	\$3,500.00	\$5,044.00	\$500.00
100Mbps	\$1,644.00	\$3,500.00	\$5,144.00	\$500.00
155Mbps	\$1,944.00	\$3,500.00	\$5,444.00	\$500.00
622Mbps	\$2,344.00	\$3,500.00	\$5,844.00	\$500.00
GigE	\$3,344.00	\$3,500.00	\$6,844.00	\$500.00

Other KPEN	Service	s and N	Monthly	/ Rates
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ltem	Monthly Rate	Installation
Internet - per Mb	\$11.00	\$250.00
QoS per Site	\$50.00	\$500.00
Additional VPN	\$149.00	\$500.00

KPEN Change Request Standard	\$250.00
KPEN Change Request Expedite	\$500.00

6. Describe how costs have been apportioned and the sources of the funds to pay them:

Site Name	County	Bandwidth	Monthly Circuit Cost	Annual Cost Network Circuit	Internet @ \$11 per Mb	QOS	Taxes Fees @ 20%	Annual Total	One Time Expenses & Installation	Project Total
Kentucky River										
Community Care Inc										_
Caney Creek Center	Knott	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$2,789	\$42,687
Kentucky River										
Community Care Inc										
Owsley TR	Owsley	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$2,789	\$42,687
Kentucky River										
Community Care Inc										
Letcher TR/ADTC	Letcher	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$2,789	\$42,687
Kentucky River Community Care Inc Breathitt County Outpatient	Breathi tt	45	\$3,944	\$47,328	113.79	600	\$9,465.6	\$57,507	\$10,128	
Kentucky River			. ,	. ,				· ,		
Community Care Inc										
Knott County Outpatient	Knott	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$2,789	\$42,687
Kentucky River										
Community Care Inc Lee										
County Outpatient	Lee	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$2,789	\$42,687
Kentucky River										
Community Care Inc										
Leslie County Outpatient	Leslie	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$2,789	\$42,687
Kentucky River										
Community Care Inc										
Letcher County										
Outpatient	Letcher	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$2,789	\$42,687
Kentucky River										
Community Care Inc										
Perry County Outpatient	Perry	45	\$3,944	\$47,328	113.79	600	\$9,465.6	\$57,507	\$4,828	\$177,350

Kentucky River										
Community Care Inc										
Wolfe County Outpatient	Wolfe	3	\$1,748	\$20,976	113.79	600	\$4,195.2	\$25,885	\$3,289	\$80,944
Kentucky River										
Community Care Inc										
Project Addvance	Perry			\$0			\$0.0	\$0	\$0	\$0
Appalachian Regional										
Healthcare Psychiatric										
Center	Perry	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Appalachian Regional										
Healthcare Medical										
Center	Perry	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Bluegrass Regional										
Mental Health-Mental										
Retardation Board Inc	Fayette	0		\$0			\$0.0	\$0	\$0	\$0
	Jeffers									
Central State Hospital	on	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Central State Hospital	0	1.5	Ψ07.	ψ10) 100	113.73		Ψ2,037.0	Ψ13) 2 33	γ3)201	ψ 13)13 <u>1</u>
Communicare	Hardin	0		\$0			\$0.0	\$0	\$0	\$0
Cumberland River										
Comprehensive Care										
Center Benham										
Outpatient	Harlan	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Cumberland River										
Comprehensive Care										
Center Comberland Hope										
Community	Harlan			\$0			\$0.0	\$0	\$0	\$0
Cumberland River										
Comprehensive Care										
Center Williamsburg										
Children's Ranch	Whitley	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Cumberland River										
Comprehensive Care	Bell	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182

Center Middlesboro						-				
Outpatient										
Cumberland River										
Comprehensive Care										
Center Barbourville										
Outpatient	Knox			\$0			\$0.0	\$0	\$0	\$0
Cumberland River										
Comprehensive Care										
Center Harlan Outpatient	Harlan	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Cumberland River										
Comprehensive Care										
Center New Hope Village	Harlan	0		\$0			\$0.0	\$0	\$0	\$0
Cumberland River										
Comprehensive Care										
Center Pineville										
Outpatient	Bell			\$0			\$0.0	\$0	\$0	\$0
Cumberland River										
Comprehensive Care	Whitle									
Center Crossroads	У	0		\$0			\$0.0	\$0	\$0	\$0
Cumberland River										
Comprehensive Care										
Center Independence	Whitle									
House Trailer	У	0		\$0			\$0.0	\$0	\$0	\$0
Cumberland River										
Comprehensive Care										
Center Turning Point	Whitley	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Cumberland River										
Comprehensive Care										
Center Independence	Whitle									
House	у	0		\$0			\$0.0	\$0	\$0	\$0
Cumberland River								`		
Comprehensive Care										
Center Rainbow										
Connection	Whitley	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182

Cumberland River										
Comprehensive Care										
Center Sunshine	Whitle									
Apartments	У	0		\$0			\$0.0	\$0	\$0	\$0
Cumberland River										
Comprehensive Care										
Center CAPERS	Whitley	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Cumberland River										
Comprehensive Care	Jackso									
Center McKee Outpatient	n	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Cumberland River										
Comprehensive Care										
Center Corbin Outpatient	Whitley	3	\$1,748	\$20,976	113.79	600	\$4,195.2	\$25,885	\$3,784	\$81,439
Cumberland River										
Comprehensive Care										
Center Mt. Vernon	Rockca									
Outpatient	stle	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Cumberland River										
Comprehensive Care										
Center London										
Outpatient	Laurel	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Cumberland River										
Comprehensive Care										
Center Williamsburg										
Outpatient	Whitley	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Cumberland River										
Comprehensive Care										
Center Manchester										
Outpatient	Clay	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Kentucky Department for						_				
Behvioral Health,										
Development and	Frankli									
Intellectual Disabilities	n	0		\$0			\$0.0	\$0	\$0	\$0

Four Rivers Behavioral	McCrac									
Health	ken	0		\$0			\$0.0	\$0	\$0	\$0
Kentucky Association of										
Regional Programs, Inc	Fayette	0		\$0			\$0.0	\$0	\$0	\$0
Kentucky Correctional										
Psychiatric	Oldha									
Center/Medical Center	m	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Lifeskills, Inc.	Warren	0		\$0			\$0.0	\$0	\$0	\$0
Mountain										
Comprehensive Care										
Center Floyd Outpatient										
Clinic	Floyd	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Mountain										
Comprehensive Care										
Center Pike County										
Outpatient	Pike	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Mountain										
Comprehensive Care										
Center Martin City TRP	Floyd	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Mountain										
Comprehensive Care			4	4			4	4	4	
Center Belfrey Complex	Pike	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Mountain										
Comprehensive Care										
Center Magoffin County	Magoffi	4 5	ć074	Ć10 400	112.70	600	ć2 007 C	ć42 2 00	ć2 204	ć 42. 4.02
Outpatient	n	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Mountain										
Comprehensive Care										
Center Johnson County	Johnso	10	¢2 F44	¢42 F20	112 70	600	ĊO FOF C	ĊE1 747	¢2.204	Ć1E0 E3C
Outpatient	n	10	\$3,544	\$42,528	113.79	600	\$8,505.6	\$51,747	\$3,284	\$158,526

Mountain			Í			·				
Comprehensive Care										
Center Martin County										
Outpatient	Martin	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
NorthKey Community										
Care	Kenton			\$0			\$0.0	\$0	\$0	\$0
NorthKey Community										
Care KentonCounty OP	Kenton	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
NorthKey Community										
Care Kenton County										
Family/Children Services	Kenton	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
NorthKey Community										
Care Grant County										
Outpatient	Owen	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
NorthKey Community										
Care Campbell County										
Outpatient	Kenton	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
NorthKey Community										
Care Pendleton County										
Outpatient	Grant	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
NorthKey Community										
Care Carroll County	Campb									
Outpatient	ell	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
NorthKey Community										
Care Boone County	Pendelt									
Outpatient	on	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
NorthKey Community										
Care Owen County		_	4	.	446 = 5		40.00-	440.550	40	A.aa.
Outpatient	Carroll	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
NorthKey Community										
Care Kenton County		4.5	6074	640.400	442.70	600	62.007.6	642.202	ć2 204	642.462
Outpatient	Boone	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182

Pathways, Inc. Boyd Co.										
Outpatient Clinic	Boyd	10	\$3,544	\$42,528	113.79	600	\$8,505.6	\$51,747	\$3,284	\$158,526
Pennyroyal Center -			·					·		
Trilogy Center for	Christia									
Women	n			\$0			\$0.0	\$0	\$0	\$0
Pennyroyal Center MH-										
MR Board, Inc.	Hopkin									
Madisonville Clinic	s	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Pennyroyal MH-MR										
Board, Inc										
Children/Substance	Christia									
Abuse Services	n	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Pennyroyal MH-MR	Christia									
Board, Inc Adult Clinic	n	10	\$3,544	\$42,528	113.79	600	\$8,505.6	\$51,747	\$3,284	\$158,526
Pennyroyal MH-MR										
Board, Inc Greenville	Muhlen									
Clinic	berg	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
Pennyroyal MH-MR										
Board, Inc Princeton	Caldwe									
Clinic	II	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
River Valley Behavioral										
Health Cigar Factory										
Complex	Daviess	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
River Valley Behavioral	Davies									
Health Hospital	S	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
River Valley Behavioral				. ,			. ,	, ,	. ,	•
Health Hancock County	Hancoc									
Office	k	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
River Valley Behavioral										
Health Henderson	Hender									
County Office	son	10	\$3,544	\$42,528	113.79	600	\$8,505.6	\$51,747	\$3,284	\$158,526

River Valley Behavioral		ĺ								
Health Ohio County										
Office	Ohio	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
River Valley Behavioral										
Health Union County										
Office	Union	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
River Valley Behavioral										
Health Webster County	Webste									
Office	r	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
University of Louisville	Jeffers									
Medical Center	on			\$0			\$0.0	\$0		\$0
	Christia									·
Western State Hospital	n	1.5	\$874	\$10,488	113.79	600	\$2,097.6	\$13,299	\$3,284	\$43,182
western state nospital	11	1.5	30/4	\$10,466	113.79	000	32,097.0	\$15,233	33,204	343,102
The ADANTA Group	Pulaski	0		\$0			\$0.0	\$0	\$0	\$0
Seven Counties Services	Jeffers									
Inc Administrative Offices	on	0		\$0			\$0.0	\$0	\$0	\$0
Seven Counties Services							<u> </u>			
Inc Jefferson County	Jeffers									
Clinic	on	3	\$1,748	\$20,976	113.79	600	\$4,195.2	\$25,885	\$3,784	\$81,439
			·	-						-
Comprehend, Inc.	Mason			\$0			\$0.0	\$0	\$0	\$0
Total Available from FCC								\$1,051,329		\$3,350,375
\$2,856,101			\$70,134	\$841,608	\$6,600		\$168,322	. , ,		1-,,5

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

Please see spreadsheet above.

- b. Describe the source of funds from:
- i. Eligible Pilot Program network participants

Local funds

ii. Ineligible Pilot Program network participants

Local funds

- b. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants). **None at this time.**
- i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.

Medicaid, Medicare, self pay and private insurance

ii. Identify the respective amounts and remaining time for such assistance.

Please see above spreadsheet.

c. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

Unknown at this time.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

Two issues have impacted upon ineligible entities. 1) Complex community mental health centers which have a large campus with a variety of types of facilities on the campus are excluded because of their expectations that all telecommunication circuits go through their Information Technology Center. The two centers in Kentucky, which are two of the nation's largest community mental health centers, require all circuits to go through the IT center because it helps maintain the Electronic Health Record security required by federal and state laws. 2) Community Mental Health Centers in Kentucky and around the world have administrative services located in the same building as clinical services. Instructions from USAC cause the community mental health centers to exclude as a proportion of the cost the administrative services in the building. Physical health hospitals and clinics also have administrative services in the same building as clinical services but USAC admits they do not exclude these facilities as ineligible sites.

8. Provide an update on the project management plan, detailing:

a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

Project Coordinator David Mathews retire as of July 31, 2011 and Ernestine Howard assumes this position August 1, 2011. The CEO for Kentucky River Community Care, Inc. changed as of May 1, 2011 with Mike Kadish assuming the role of Executive Director.

b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

Project Timeline as of July 28, 2011

				Installation
Site Name	County	Bandwidth	Expected Installation	Year
Kentucky River				
Community Care Inc				
Breathitt Outpatient	Breathitt	45	Fall	2011
Kentucky River				
Community Care Inc				
Caney Creek Center	Knott	1.5	Winter	2011
Kentucky River				
Community Care Inc				
Owsley TR	Owsley	1.5	Winter	2011
Kentucky River				
Community Care Inc				
Letcher TR/ADTC	Letcher	1.5	Winter	2011
Kentucky River				
Community Care Inc				
Knott County Outpatient	Knott	1.5	Winter	2011
Kentucky River				
Community Care Inc Lee				
County Outpatient	Lee	1.5	Winter	2011
Kentucky River				
Community Care Inc				
Leslie County Outpatient	Leslie	1.5	Winter	2011
Kentucky River				
Community Care Inc	Letcher	1.5	Winter	2011

Letcher County				
Outpatient				
•				
Kentucky River				
Community Care Inc.	Down	45	Winter	2011
Perry County OP	Perry	45	winter	2011
Kentucky River				
Community Care Inc	147.16	2		2011
Wolfe County Outpatient	Wolfe	3	Winter	2011
Appalachian Regional				
Healthcare Psychiatric				
Center	Perry	1.5	Winter	2011
Appalachian Regional				
Healthcare Medical				
Center	Perry	1.5	Winter	2011
Bluegrass Regional				
Mental Health-Mental				
Retardation Board Inc	Fayette	0	Winter	2011
Central State Hospital	Jefferson	1.5	Winter	2011
Communicare	Hardin	0	Winter	2011
Cumberland River				
Comprehensive Care				
Center Benham				
Outpatient	Harlan	1.5	Winter	2011
Cumberland River				
Comprehensive Care				
Center Williamsburg				
Children's Ranch	Whitley	1.5	Winter	2011

Cumberland River				
Comprehensive Care				
Center Middlesboro				
Outpatient	Bell	1.5	Winter	2011
Cumberland River				
Comprehensive Care				
Center Barbourville				
Outpatient	Knox	1.5	Winter	2011
Cumberland River				
Comprehensive Care				
Center Harlan Outpatient	Harlan	1.5	Winter	2011
Cumberland River				
Comprehensive Care				
Center New Hope Village	Harlan	0	Winter	2011
Cumberland River				
Comprehensive Care				
Center Pineville				
Outpatient	Bell	1.5	Winter	2011
Cumberland River				
Comprehensive Care				
Center Crossroads	Whitley	0	Winter	2011
Cumberland River				
Comprehensive Care				
Center Independence				
House Trailer	Whitley	0	Winter	2011
Cumberland River				
Comprehensive Care				
Center Turning Point	Whitley	1.5	Winter	2011
Cumberland River				
Comprehensive Care				
Center Independence	Whitley	0	Winter	2011

House				
Cumberland River				
Comprehensive Care				
Center Rainbow				
Connection	Whitley	1.5	Winter	2011
Cumberland River				
Comprehensive Care				
Center Sunshine				
Apartments	Whitley	0	Winter	2011
Cumberland River				
Comprehensive Care				
Center CAPERS	Whitley	1.5	Winter	2011
Cumberland River				
Comprehensive Care				
Center McKee Outpatient	Jackson	1.5	Winter	2011
Cumberland River				
Comprehensive Care				
Center Corbin Outpatient	Whitley	3	Winter	2011
Cumberland River				
Comprehensive Care				
Center Mt. Vernon				
Outpatient	Rockcastle	1.5	Spring	2012
Cumberland River				
Comprehensive Care				
Center London				
Outpatient	Laurel	1.5	Spring	2012
Cumberland River				
Comprehensive Care				
Center Williamsburg				
Outpatient	Whitley	1.5	Spring	2012

Cumberland River				
Comprehensive Care				
Center Manchester				
Outpatient	Clay	1.5	Spring	2012
Four Rivers Behavioral				
Health	McCracken	0	Spring	2012
Kentucky Association of				
Regional Programs, Inc	Fayette	0	Spring	2012
Kentucky Correctional				
Psychiatric				
Center/Medical Center	Oldham	1.5	Spring	2012
Lifeskills, Inc.	Warren	0	Spring	2012
Mountain				
Comprehensive Care				
Center Floyd Outpatient				
Clinic	Floyd	1.5	Spring	2012
Mountain				
Comprehensive Care				
Center Pike County				
Outpatient	Pike	1.5	Spring	2012
Mountain				
Comprehensive Care				
Center Martin City TRP	Floyd	1.5	Spring	2012
Mountain				
Comprehensive Care				
Center Belfrey Complex	Pike	1.5	Spring	2012
Mountain				
Comprehensive Care				
Center Magoffin County				
Outpatient	Magoffin	1.5	Spring	2012

Mountain				
Comprehensive Care				
Center Johnson County	labassa	10	Constant	2012
Outpatient	Johnson	10	Spring	2012
Mountain				
Comprehensive Care Center Martin County				
Outpatient	Martin	1.5	Spring	2012
· ·	IVIAITIII	1.3	Spring	2012
NorthKey Community				
Care	Kenton	1.5	Spring	2012
NorthKey Community				
Care KentonCounty OP	Kenton	1.5	Spring	2012
NorthKey Community				
Care Kenton County				
Family/Children Services	Kenton	1.5	Spring	2012
NorthKey Community				
Care Grant County				
Outpatient	Owen	1.5	Spring	2012
NorthKey Community				
Care Campbell County				
Outpatient	Kenton	1.5	Spring	2012
NorthKey Community				
Care Pendleton County				
Outpatient	Grant	1.5	Spring	2012
NorthKey Community				
Care Carroll County				
Outpatient	Campbell	1.5	Spring	2012
NorthKey Community				
Care Boone County				
Outpatient	Pendelton	1.5	Spring	2012

NorthKey Community				
Care Owen County				
Outpatient	Carroll	1.5	Spring	2012
NorthKey Community				
Care Kenton County				
Outpatient	Boone	1.5	Spring	2012
Pathways, Inc. Boyd Co.				
Outpatient Clinic	Boyd	10	Spring	2012
Pennyroyal Center -				
Trilogy Center for				
Women	Christian	1.5	Spring	2012
Pennyroyal Center MH-				
MR Board, Inc.				
Madisonville Clinic	Hopkins	1.5	Spring	2012
Pennyroyal MH-MR				
Board, Inc				
Children/Substance				
Abuse Services	Christian	1.5	Spring	2012
Pennyroyal MH-MR				
Board, Inc Adult Clinic	Christian	10	Spring	2012
Pennyroyal MH-MR				
Board, Inc Greenville				
Clinic	Muhlenberg	1.5	Spring	2012
Pennyroyal MH-MR				
Board, Inc Princeton				
Clinic	Caldwell	1.5	Spring	2012
River Valley Behavioral				
Health Cigar Factory				
Complex	Daviess	1.5	Spring	2012
River Valley Behavioral				
Health Hospital	Daviess	1.5	Spring	2012

River Valley Behavioral				
Health Hancock County				
Office	Hancock	1.5	Spring	2012
River Valley Behavioral				
Health Henderson County				
Office	Henderson	10	Spring	2012
River Valley Behavioral				
Health Ohio County				
Office	Ohio	1.5	Spring	2012
River Valley Behavioral				
Health Union County				
Office	Union	1.5	Spring	2012
River Valley Behavioral				
Health Webster County				
Office	Webster	1.5	Spring	2012
University of Louisville				
Medical Center	Jefferson		Spring	2012
Western State Hospital	Christian	1.5	Spring	2012
'				
The ADANTA Group	Pulaski	0	Spring	2012
Seven Counties Services				
Inc Jefferson County				
Clinic	Jefferson	3	Spring	2012
Comprehend, Inc.	Mason	0	Spring	2012

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

Kentucky is fortunate because there currently legal support for telehealth and eHealth in Kentucky Law. Behavioral health services, particularly services provided by psychiatrist, a nurse practitioner, LCSW and CSW's are billable services to Medicaid in Kentucky just as if they are face to face services. The providers in this network are by and large behavioral health providers. Since we are still in the network implementation stage, we do not yet have any notion of the likely costs or the possible off setting service revenue at this point in time. We do believe that there are going to be opportunities becoming available to help us sustain eHealth and the KBTN. This telehealth law also provides the basis for billing insurance companies and the individual receiving the services. The presumption under this scenario is that the cost of the telehealth services will be close to the unit costs for face to face services and no higher. The State of Kentucky has now initiated Medicaid Managed Care. Contracts are expected to begin sometime between October, 2011 – June,2012. Their participation may assist in sustaining the state wide model.

Kentucky has created an eHealth board and is in the process of creating a Kentucky Health Information Exchange (KHIE) as a model for the interchange of health information among providers, hospitals and payers. The KHIE will be designing the software for translation between health care provider information systems electronic health records to facilitate access to health information. These activities are led by the Lt. Governor Dan Mongiardo, MD, who as a physician and surgeon has a strong interest in telehealth and eHealth. The KBTN sustain resources could come from the specialized health information funding being developed on both state and federal levels. The Lt. Governor is currently looking for state and federal funding to support the expansion of telehealth in Kentucky.

If all else fails, we plan to seek support from the FCC's current rural health care program and the partial subsidy provided under that program once the RHC-PP resources are lapsed. Based upon our current participation in that rural program we expect significant savings will accrue to help offset the higher costs of telehealth broadband requirement. Our expectation is that with starting the drawdown of FCC funds in 2011, we expect that we will have a five year program that would take us into 2016 before we would need to sustain funding.

One of the biggest roadblocks at this time is the funding for the end user equipment and switches we need for multipoint connectivity and instant point to point connectivity. We made application to the

USDA again this year. One of the hospitals in our network, Saint Joseph Healthcare has already supplied eight of our sites with telehealth equipment. This is only a drop in the bucket for the 50 or more sites we have planned currently.

Minimum 15% Funding Match

Each KBTN site will be billed for its share of the sites in the network. These matching funds will come from general revenue of the health care provider. Insurance revenue for the telehealth services would include overhead expenses such as telecommunications costs.

KBTN partners expect revenue will increase because of the Kentucky statues allowing for billing of telehealth services. Furthermore, because of the ability to receive continuing education credits via the telehealth network, providers will pay less money for travel and keep healthcare staff on site to see patients the same day they attend a continuing education session or on the travel days that would have otherwise occurred. KBTN expects a cost savings of over \$10,000 per circuit to participate in the network now. Costs savings now will benefit the development of a long term business plan to maintain the network.

Project Sustainability Period

The KBTN contemplates long term availability of the equipment and telecommunications circuits. While, the ten years sustainability plan is purely speculative in these turbulent health care reform times. The health care system and customer will find value in these services, so the ten year sustainability period is achievable.

KBTN 10 Year Budget								
Years	RHCPP/RP Expenses	Rural Health Care	Partner Expenses including billing costs	Total Expenses	Patient Revenue			

		Regular Program			
1-3	\$2,856,101	0	563,000	\$3,419,101	\$836,000
3-6	0	1,350,000	1,350,000	\$2,700,000	\$1,400,000
7-10	0	1,350,000	1,350,000	\$2,700,000	\$2,000,000
Total	\$2,856,101	2,700,000	3,263,000	\$5,400,000	\$4,236,000

Principal Factors

The principal factors of the ten year sustainability plan are the billability of telehealth services, continued implementation of the Affordable Care Act, US government maintenance of Medicare and Medicaid health care supports, and integration of behavioral health and physical health services using the Accountable Care Organization models. While all of these factors are beyond the control of the KBTN, strategically responding to these external events predicates new service delivery systems including telehealth. KBTN will make it possible for all member partners to be more cost effective to meet the demands of the changing health care marketplace.

Terms of Membership in the Network

The terms of membership in the KBTN are one year at a time predicated on bids from telecommunications providers that are reasonable and cost effective in a changing health care marketplace. If the ground rules change each health care provider will independently determine if they wish to continue the network services.

Excess Capacity

The KBTN does not plan purchasing excess capacity.

Ownership Structure

Each KBTN partner will purchase their own end user equipment including any local switches not covered by the RHCPP. Ownership will fall to the local site and not any of the other partners. As lead agency for the KBTN, Kentucky River Community care signs contract and conducts business on behalf of the network and appoint the Project Coordinator.

Sources of Future Support -

Each of the partners agrees to making the network successful and implementing the KBTN goals over the next ten years. The narrative above outlines our sources of future support which includes generating revenue from patient services sufficient to break even with the additional support of the Rural Health Care Regular Program.

Management of the Network

The lead agency in the KBTN, Kentucky River Community Care, Inc assumes responsibility for the management of the network as we have for the past three years. Once the network is operational, if there are additional management costs the KBTN partners will discuss and arrive at a mechanism for administering the program. The KBTN partners frequently co-manage projects and have a history of being able to resolve management issues. There will be on-going administrative expenses for the next decades just to be able to submit invoices to USAC and to comply with other programmatic requirements of the Pilot Program. KBTN will have these expenses prorated and submitted as part of each member's monthly invoice.

10. Provide detail on how the supported network has advanced telemedicine benefits:

The network has not yet achieved any goals.

- a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
- b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
- c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;

- d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
- e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

The network has not yet complied with any HHS health IT initiatives.

- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
- d. Explain how the supported network has used resources available at HHS's Agency for
- Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
- e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for
- Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and
- f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.
- 12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies

(e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

While the selected participants have not yet coordinated their health care networks with HHS or the CDC, part of the protocols that will need to be developed will focus upon coordination of health care information with those federal and state agencies involved with public health emergencies and responses to terrorism. The Kentucky Health Information Exchange will also need to develop these sorts of protocols so that the public impact of pandemics and terrorist acts can be minimized.